

EXHIBIT 6

CORPORATE CHARTER APPROVAL SHEET**** EXPEDITED SERVICE ******** KEEP WITH DOCUMENT ****

DOCUMENT CODE

40

BUSINESS CODE

20

Close _____

Stock _____

Nonstock _____

P.A. _____

Religious _____

Merging (Transferor) _____

Surviving (Transferee) _____



1000362003237932

ID # W14654149 ACK # 1000362003237932

PAGES: 0003

NORTHEASTERN MARYLAND REGIONAL HEALTH S
YSTEM, LLCMAIL
BACK

04/25/2012 AT 03:25 P W0 # 0003964075

New Name _____

FEES REMITTED

Base Fee:

100

Org. & Cap. Fee:

50

Expedite Fee:

Penalty:

State Recordation Tax:

State Transfer Tax:

Certified Copies

Copy Fee:

Certificates

Certificate of Status Fee:

Personal Property Filings:

Mail Processing Fee:

Other:

5

TOTAL FEES:

155Credit Card ☒

Check _____

Cash _____

_____ Documents on _____ Checks

Approved By: 15

Keyed By: _____

COMMENT(S):

Change of Name

Change of Principal Office

Change of Resident Agent

Change of Resident Agent Address

Resignation of Resident Agent

Designation of Resident Agent

and Resident Agent's Address

Change of Business Code

Adoption of Assumed Name

Other Change(s)

Code _____

Attention: _____

AMY DILCHER

PP-2-S-154

110 S PACA ST

BALTIMORE MD 21201-1642

CUST ID:0002747495
WORK ORDER:0003964075
DATE:05-01-2012 06:40 PM
AMT. PAID:\$155.00

**ARTICLES OF ORGANIZATION
OF
NORTHEASTERN MARYLAND REGIONAL HEALTH SYSTEM, LLC**

It is hereby certified that:

1. Recital. The undersigned has been designated as an "authorized person," as that term is defined in Section 4A-101(c) of the Maryland Limited Liability Company Act (the "Act"), for purposes of executing and filing these Articles of Organization of Northeastern Maryland Regional Health System, LLC (the "Company") and any other documents or certificates that may be required to be filed on behalf of the Company with the State Department of Assessments and Taxation of Maryland from time to time.

2. Name. The name of the Company is:

Northeastern Maryland Regional Health System, LLC

3. Purposes. The Company is organized and shall be operated exclusively as a charitable organization for charitable, scientific and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 and the Regulations thereunder, as they now exist or as they may hereafter be amended (hereinafter collectively referred to as the "Code"), including, but not necessarily limited to the following charitable purposes:

3.1 To maintain a hospital in northeastern Maryland;

3.2 To establish, support, manage and furnish facilities, personnel and services to provide prevention, diagnosis, treatment, rehabilitation, and support services without regard to race, creed, color, sex or national origin; and

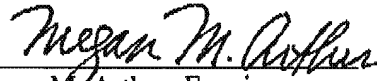
3.3 To carry on such activities related to rendering health care services and the promotion of health, which may be justified by the facilities, personnel, funds or other resources that are or can be made available.

4. Principal Office and Resident Agent. The address of the principal office of the Company is 250 West Pratt Street, 24th Floor, Baltimore, Maryland 21201. The name of the resident agent of the Company is Megan M. Arthur, Esquire, and the post office address of the resident agent is 250 West Pratt Street, 24th Floor, Baltimore, Maryland 21201.

5. Agency. Pursuant to Section 4A-401(a)(3) of the Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member of the Company shall have the authority to act for the Company solely by virtue of being a member.

[SIGNATURE PAGE FOLLOWS]

IN WITNESS WHEREOF, the undersigned organizer of the Company has executed these Articles of Organization on this 25th day of April, 2012.



Megan M. Arthur, Esquire
Authorized Person

I, Megan M. Arthur, Esquire, hereby consent to act as resident agent for Northeastern Maryland Regional Health System, LLC.



Megan M. Arthur, Esquire

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